


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 009 ***150.00

DOCUMENT # P99000035790

1. Entity Name
ITALVEST HOLDINGS, INC.



Principal Place of Business
1441 BRICKELL AVE
SUITE 1014
MIAMI, FL 33131

Mailing Address
1441 BRICKELL AVE
SUITE 1014
MIAMI, FL 33131

20055587

2. Principal Place of Business
1441 BRICKELL AVE
 Suite, Apt. #, etc.
1400

3. Mailing Address
1441 BRICKELL AVE
 Suite, Apt. #, etc.
1400

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip **33131** Country **USA**

Zip **33131** Country **USA**



01252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1004830 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~ALLEN LAW, ROBERT~~
1441 BRICKELL AVE., SUITE 1014
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **ROBERT ALLEN LAW**
 Street Address (P.O. Box Number is Not Acceptable)
1441 BRICKELL AVE
SUITE 1400
 City **MIAMI** **FL** Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP FERRETTI, NORBERTO 3663 NW 21ST ST MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GALEONE, GIANCARLO 3663 NW 21ST ST MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONINI, CRISTIANO 3663 NW 21ST ST MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cristiano Tonini Cristiano Tonini 4/29/05 305-372-3300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #